

Accident Number 160071920		Agency NCIC No. GA0670200		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County GWINNETT		Date Rec by DMVS																						
Date 08-03-2016		Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 1713		Off. Arrived 1716		Vehicles 2		Total Number of: Injuries 1 Fatalities 0		Inside City of:																			
Road of Occurrence PLEASANT HILL ROAD										At Its Intersection With GWINNETT PLACE DRIVE										Corrected Report? Yes <input type="checkbox"/> N											
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.										1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.										Suppl to Original? Yes <input type="checkbox"/> N											
Not at Its Intersection But _____										Of: _____										Hit & Run Yes <input type="checkbox"/> N											
										1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> County Rd. 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line										City DULUTH											
And continuing in the direction checked above, the Next Reference Point is										1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line										Grid 313015											
Invl: <input type="checkbox"/> DRV		LAST NAME BENTON TEICHMAN				FIRST CYNTHIA				MIDDLE INITIAL A				Invl: <input type="checkbox"/> DRV		LAST NAME LEE				FIRST CHANGHO				MIDDLE INITIAL							
#:		1		Address 61 S BALDWIN AVE 323										#:		2		Address 79 GABLES WAY													
City SIERRA MADRE		State CA		Zip 91025		DOB -1957		City NEWNAN		State GA		Zip 30265		DOB -1994																	
Driver's License No. N9492294		Class C		State CA		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Driver's License No. 057929198		Class C		State GA		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																	
Posted Speed 40		Insurance Co. FARMERS				Policy No. 196448543				Posted Speed 40		Insurance Co. PROGRESSIVE				Policy No. 908852527															
Year 2000		Make CHRY		Model TOWN&COUN		Telephone No. [REDACTED]		Year 2014		Make HYUN		Model ACCENT		Telephone No. [REDACTED]																	
VIN 1C4GT54L3YB554785		Vehicle Color SIL				VIN KMHCU4AE7EU762935		Vehicle Color WHI																							
Tag # DP1NCJ		State GA		County GWINNETT		Month / Year 03 / 2017		Tag # PWJ4662		State GA		County COWETA		Month / Year 12 / 2016																	
Trailer Tag #		State		County		Month / Year		Trailer Tag #		State		County		Month / Year																	
<input type="checkbox"/> Same as Driver		Owner's Name (last first middle initial) KRAMER EDWARD E										<input type="checkbox"/> Same as Driver		Owner's Name (last first middle initial) LEE JAE J																	
Address 2480 HONEYCOMB WAY														Address 79 GABLES WAY																	
City DULUTH		State GA		Zip 30095		City NEWNAN		State GA		Zip 30265																					
Removed By <input type="checkbox"/> Request <input type="checkbox"/> List														Removed By <input type="checkbox"/> Request <input type="checkbox"/> List																	
Alcohol Test 2		Type		Results		Drug Test 2		Type		Results		Alcohol Test 2		Type		Results		Drug Test 2		Type		Results									
Driver Cond 1		Direction of Travel 3				Vision Obscured 1		Contributing Factors 03				Driver Cond 1		Direction of Travel 3				Vision Obscured 1		Contributing Factors 01											
Veh Cond 1		Veh Maneuver 5				Ped Maneuver						Veh Cond 1		Veh Maneuver 4				Ped Maneuver													
Most Harmful Event 11				Veh Class: 1				Veh Type: 10				Most Harmful Event 11				Veh Class: 1				Veh Type: 1											
Traffic Ctrl 2				Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Traffic Ctrl 2				Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Injured Taken To:														By:																	
EMS Notified Time				EMS Arrival Time				Hospital Arrival Time				Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				By:															
Report By: <input type="checkbox"/> B500		< - Badge #		Department		Report Date		Checked By:		Date Checked		Report By: <input type="checkbox"/> B500		< - Badge #		Department		Report Date		Checked By:		Date Checked									
MUCKLE,B				Gwinnett County Police Dept.		08-03-2016		B438		KILLIAN,S		MUCKLE,B				Gwinnett County Police Dept.		08-03-2016		B438		KILLIAN,S									
Witness(es):		NAME (last first middle initial)				Street Address				City				State		Zip		Telephone No.													
1.																															
2.																															
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)																															
Commercial Vehicles Only																															
Carrier Name Vehicle #								Carrier Name Vehicle #								Carrier Name Vehicle #															
Address								City								State								Zip							
No. of Axles								G.V.W.R.								Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No								Cargo Body Type							
Vehicle Config.								I.C.C.M.C.#								U.S.D.O.T.#								Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>							
C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No								C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No								C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No								C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No							
Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No								Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No								Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No								Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No							
Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No																Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No															
If YES, Name or 4 Digit Number from Diamond or Box: _____																If YES, Name or 4 Digit Number from Diamond or Box: _____															
1 Digit Number from Bottom of Diamond: _____																1 Digit Number from Bottom of Diamond: _____															
___Ran Off Road ___Down Hill Runaway ___Cargo Loss/Shift ___Separation of Units																___Ran Off Road ___Down Hill Runaway ___Cargo Loss/Shift ___Separation of Units															

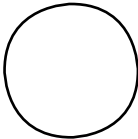
REMARKS:

VEHICLE #1 AND VEHICLE #2 WERE TRAVELING EAST ON PLEASANT HILL ROAD AT THE INTERSECTION WITH GWINNETT PLACE DRIVE. DRIVER #1 SAID HE WAS STOPPED AT THE TRAFFIC SIGNAL WHEN VEHICLE #1 REAR ENDED HIS VEHICLE. DRIVER #1 SAID SHE MISTAKENLY PUSHED THE ACCELERATOR ON THE ADAPTIVE VEHICLE CONTROL INSTALLED ON THE VEHICLE AND REAR ENDED VEHICLE #2.

DRIVER #1 WAS ISSUED A UNIFORM TRAFFIC CITATION FOR FOLLOWING TOO CLOSELY.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE  
NORTH



see page 4

Citations - Vehicle # 1

Citations - Vehicle # 2

Veh 1 Violation: 40-6-49(A) Citation #: M691637

Veh 2 Violation: Citation #:

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area of Impact	Road Comp.	Road Def.	Road Character	Construction/Maintenance Zone
11	3	1	1	1	3	1	2	1	1	0

Veh # 1		Veh # 2		Skid Distance Before Impact	0 AFTER 0		Width of Road
Number of Occupants		1 1			Veh 1 Veh 1		
Point of Initial Contact		12 06			0 AFTER 0		
Damage to Vehicles		1 3			Veh 2 Veh 2		

Damage Other Than Vehicle	Owner: Name	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG				
	Address:														
Occupants (List Below):		Driver # 1 or Pedestrian #				0	2	1	3	2	2				
		Driver # 2 or Pedestrian #				4	2	1	3	2	2				
Last Name	First	Address	City	State	ZIP	X	X	X	X	XXX	XXX	XXX	XXX	XXX	XXX

JUVENILE INVOLVED? ☐ Yes ☒ No

Accident Number 160071920		Agency NCIC No. GA0670200	Accident Date 08-03-2016	GEORGIA UNIFORM MOTOR VEHICLE REPORT CONTINUATION											
Occupants (List Below):						AGE	SEX	VEH#	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP.	EXTRIC	AIR BAG
Last Name	First	Address	City	State	ZIP										
Injured Taken to:						By:									
Witness - Name (Last, First, MI Initial)		Address: (Street Adress, City, State, Zip)								Phone: (Home, Business, Cell)					
												H			
												H			
												H			
												H			
												H			
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												H			
REMARKS:															
Report By: MUCKLE,B															
Badge # B500															

Attach to DMVS-523

Assignment/Shift CSB

Pleasant Hill Rd @  
Gwinnett Place Dr /  
Mall Corners S/C

NOT TO SCALE

